IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

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ment or accepted by the metal of the state
or office use only
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FORM-GR

Clarinda MHI						
Name of Department or Office	Challe to come	<u></u>				
Mailing Address	Clarinda, IA 51632 City, State, Zip Code					
712-342-2161 Area Code & Telephone No.						
	NAME AND ADDRESS OF THE PARTY O	N !				
ONTACT PERSON FOR RECIPIENT DEPAR	RIMENI OR OFFICE:					
Sue Rehwaldt Hays		2				
Name		œ				
Mailing Address (If different from above) Sue.RehwaldtHays@iowa.gov	City, State, Zip (if different from above)	55				
Email Address	Area Code & Telephone Number (if different	from above)				
ONOR OF GIFT OR BEQUEST:						
Area Lutheran Churches						
Iowa		*				
	, Zip Code 12/9/11 \$87	35.00				
City, state	, ,	25.00				
Area Code & Telephone Number		mount∕Value*				
	*value is defined as "fair market value" of item receiving department or office. If no value ma	n as determined by				
Email Address (optional)	department of unite. If no value ma	SIR U.UU .				
Provide a description of the gift or bequest and pur	pose thereof:	and a second				
Christmas gifts for the residents						
Criteria to use this form:						
secenpt or any gift or bequest that is received by ar	ny department of the state or received by the Governor on behalf of the state	₽.				
tement of Affirmation:						
ue Rehwaldt Haysaffirm that the gift or b	equest reported above is accurate. I further affirm that the information cond	erning the donor and				
essment of the fair market value (if applicable) is co	orrect and true to the best of my knowledge.	aming the adulat SUG				
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	2/20/12					

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Date

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FORM-GB
Gift or Bequest information received by a department or accepted by the Governor on behalf of the state
For office use only
Audited
Checked
Computer

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

- (\	Date
Sue Rehwaldt Hays essment of the fair market value (if applicable) is correct an Signature	2/20/12
stement of Affirmation:	
Criteria to use this form: Receipt of any gift or bequest that is received by any depart	tment of the state or received by the Governor on behalf of the state.
Christmas gifts for the residents	
Provide a description of the gift or bequest and purpose the	ereof:
Area Code & Telephone Number Email Address (optional)	Uate of Gift or Bequest Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Malling Address City, State, Zip Coo	12/20/11 330.00
Iowa	
Presbyterian Outreach	
ONOR OF GIFT OR BEQUEST:	
Email Address	Area Code & Telephone Number (if different from above)
Mailing Addreas (if different from above) Suc.RchwaldtHays@iowa.gov	City, State, Zip (if different from above)
Name	
Sue Rehwaldt Hays	TOROTAGE.
Area Code & Telephone No. DNTACT PERSON FOR RECIPIENT DEPARTMEN	IT OR OFFICE.
Aailing Address 712-542-2161	City, State, Zip Code
Name of Department or Office 1800 N 16៤ នុះ	Clarinda, IA 51632
1800 M 16th C	Ch. 20040 V. Alama

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Computer

DEPARTMENT	OR	OFFICE	RECEIV	VING	THE	GIFT	OR!	BEQUE	ST:
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Clarinda MHI	
Name of Department or Office	Claritate In state
	Clarinda, IA 51632 City, State, Zip Code
712-542-2161	City, Oldie, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE:
Sue Rehwaldt Hays	·
Name	***************************************
Mailing Address (if different from above)	City, State, Zip (if different from above)
Sue.RehwaldtHays@iowa.gov	
mail Address	Area Code & Telephone Number (if different from above)
DNOR OF GIFT OR BEQUEST:	
Employees of CTC	
lame	
Iowa	
failing Address City, State, 2ip Code	\$875.00
	Date of Gift or Bequest Amount/Value*
rea Code & Telephone Number	
	"value is defined as "fair market value" of Item as determined by receiving department or office. If no value mark "0.00".
mail Address (optional)	
Denvilde and annual street of the state of t	
Provide a description of the gift or bequest and purpose thereof:	,
Christmas gifts for the residents - Adopt a Patient pr	оргат
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Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state
tement of Affirmation:	
ue Rehwaldt Hays	
STILL INSI the citt or bocuset reported above	ve is accurate. I further affirm that the information concerning the donor an
esament of the fair market value (if applicable) is correct and true to the	bast of my knowledge.
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La Company	2/20/12
Signature Signature	2/20/12

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	FORM-GB
by a	or Bequest information received department or accepted by the ernor on behalf of the state
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda MHI			
Name of Department or Office 1800 N 16th St	Clarinda, IA 51632		
Mailing Address 712-542-2161	City, State, Zip Code		
Area Code & Telephone No.			
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR O	FFICE:		
Sue Rehwaldt Hays	,		
Name			
Mailing Address (if different from above) Sue.Rehwaldthays@iowa.gov	City, State, Zlp (if different from above)		
Email Address	Area Code & Telephone Number (if different from above)		
ONOR OF GIFT OR BEQUEST:			
Name	_		
Clarinda, IA			
Mailing Address City, State, Zlp Code	—		
	Date of Gift or Bequest Amount/Value*		
Area Code & Telaphone Number	"value is defined as "fair market value" of item as determined by		
Email Address (optional)	receiving department or office. If no value mark "0.00".		
Provide a description of the gift or bequest and purpose thereof: throw blankets for the residents			
Criteria to use this form:			
Receipt of any gift or bequest that is received by any department of	the state or received by the Governor on behalf of the state.		
etement of Affirmation:			
Sue Rehwaldt Hays	shove in anguints (6.46.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		
ressment of the fair market value (if applicable) is correct and true to	above is accurate. I further affirm that the information concerning the donor and the best of my knowledge.		
De Sunto	2/20/12		
Signature	Date		

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Gift or Bequest information red by a department or accepted b Governor on behalf of the stat	by the
rdexed	
Audited	
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Computer	

Clarinda MHI			
Name of Department or Office 1800 N 16th St		Clarinda, IA \$1632	
Mailing Address	City, State, Zip Code	—	
712-542-2161 Area Code & Telephone No.	,		
ONTACT PERSON FOR REC	CIPIENT DEPARTMENT OR OF	FFICE:	
Sue Rehwaldt Hays			
Name			
Mailing Address (if different from	above)	City, State, Zip (if different from above)	
Suc.RehwaldtNays@lowa.gov Email Address		Assa Cada 9 Talashara Nasa Kata	
- Mail / Wall doo		Area Code & Telephone Number (if different from above))
ONOR OF GIFT OR BEQUES	ST:	<u>-</u>	
Sue Rehwaldt Hays			
Name	**	_	
	Clarinda, IA	11	
failing Address	City, State, Zip Code		
	WANTE WANT	Date of Gift or Bequest Amount/Value	e [≭]
Area Code & Telephone Number		"value is defined as "fair market value" of item as determine	ned by
Email Address (optional)		receiving department or office. If no value mark "0,00".	
Provide a description of the gift o	r bequest and purpose thereof:		
Clothes for residents.			
Criteria to use this form:			
Receipt of any gift or bequest tha	it is received by any department of the	the state or received by the Governor on behalf of the state.	
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tement of Affirmation:			
ue Rehwaldt Haysaffirr	n that the gift or bequest reported at	bove is accurate. I further affirm that the information concerning the dathe best of my knowledge.	OBOL OF
essment of the fair market value	(if applicable) is correct and true to t	the best of my knowledge.	UIIQI AI
11			
So lul	201	2/20/12	
CHAILIAN	// PK	2/20/12	
Signature			

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST

Character or Office Receiving THE GIFT OR BEQU	EST:
Clarinda MHI	
Name of Department or Office 1800 N 16th St	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
7/2-542-216) Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE:
Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City Center 71- 118 July
Suc.RchwaldtHays@iows.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	The state of the s
PONON OF AIR FOR BEADEST.	
Family of B. Maxwell	
Name	
Clarinda, IA	
Mailing Address City, State, Zip Code	12/2/11 \$500.00
	200.00
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*
S COLOR S COLOR COMMANDO	"value is defined as "fair market value" of item as determined by
Email Address (optional)	receiving department or office. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof:	
clothing, personal items, recliner chair	
Criteria to use this form;	
0	,
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.
,	
atement of Affirmation:	
Sue Rehwaldt Hays	
affirm that the gift or bequest reported abo sessment of the fair market value (if applicable) is correct and true to the	ove is accurate. I further affirm that the information concerning the donor and
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Sun Sulft	2/20/12
Signature	Date